North Carolina's Program Performance Evaluation Plan

April 30, 2020 (Working Draft)

Introduction

In December 2018, the state of North Carolina (NC) received a one-year Preschool Development Birth through Five (PDG B-5) Initial Grant Award. This grant was used to fund and enhance activities designed to strengthen the early care and education system in the state and ensure NC children will be healthy, safe and nurtured, and learning and ready to succeed by 2025. States that received this initial grant were then eligible to apply for a three-year Renewal Grant. In December 2019, NC was awarded a PDG B-5 Renewal Grant. One of the requirements for states during the initial grant period was to develop a plan for a program performance evaluation (PPE) to be used in subsequent years of the PDG B-5. In this document, Child Trends presents the PPE plan for NC's PDG B-5 Renewal Grant, following the outline suggested in PDG B-5 PPE Initial Guidance provided by the Administration for Children and Families.

This PPE plan will serve as a mechanism to support the state in monitoring and evaluating its PDG B-5 activities. This plan outlines how the state will provide ongoing performance measurement for each of the activities, assess progress, identify issues that may arise, and make modifications as needed to support continuous quality improvement. The intended audience for the PPE plan includes a diverse group of stakeholders from NC's mixed delivery system including members of the statewide PDG B-5 leadership team. The leadership team has been involved from the beginning of this project,[1] including assisting the Division of Child Development and Early Education (DCDEE) with developing the Year 1 PDG B-5 Initial Grant. The leadership team includes key early childhood education stakeholders such as leadership from DCDEE and other state-level agencies and organizations that serve young children and families (e.g., North Carolina Department of Public Instruction (NCDPI), North Carolina Partnership for Children (NCPC), Head Start State Collaboration Office and the Child Care Resource and Referral agencies). The intended audience for the PPE plan also includes high-level state leadership such as the Office of the Governor and the Early Childhood Advisory Council. It will be critical to get buy-in and input from a wide array of stakeholders as NC implements, updates, and enhances the PPE plan.

There are four main goals of the NC PPE:

1. To provide information that DCDEE and activity leads can use for their own continuous quality improvement (CQI),
2. To monitor progress and contract adherence,
3. To provide information that can be used to scale or sustain PDG B-5 activities, and

---

[1] The term *project* in this PPE plan refers to the NC PDG B-5 grant as a whole (the Initial Grant and the Renewal Grant), incorporating all of the activities and project management.

4. To learn if activities resulted in intended improvements for children, families, early care and education (ECE) providers, and the early care and education system.

To address these goals, the PPE will use three overarching evaluation questions for the project as a whole as well as for each project activity:

1. To what extent is the project/activity implemented as planned?
2. To what extent is the project/activity achieving anticipated short-term implementation benchmarks?
3. To what extent is the project/activity achieving anticipated long-term outcomes (i.e., outcomes at the end of the three-year grant period)?

Prior to implementation of the PPE plan, these four main goals and three evaluation questions, as well as this document's proposed approach, will be reviewed to ensure they still align with the goals, objectives, and intended outcomes of the project. It is critical that the PPE plan continues to be refined and enhanced throughout the three-year period to ensure it meets the evolving needs of the project.

Overview

Within the PPE plan, there are two main areas of focus. First, the PPE plan includes an approach to evaluating the extent to which the project as a whole is reaching its goals and objectives and identifying information needed to inform CQI at the state level. Second, the PPE plan includes an approach for evaluating the short-term implementation benchmarks and long-term outcomes for each of the PDG B-5 Renewal Grant activities. The PPE Design section (below) includes more information about these monitoring and evaluation activities.

The PDG B-5 Renewal Grant includes twenty activities (see Table 1). Two of the twenty are the NC Statewide Birth-5 Needs Assessment and the Birth to Five Early Childhood Education Strategic Plan, both of which were developed during the Initial Grant year and will be updated during the Renewal Grant period. Ten of the activities are new initiatives based on needs identified during the Initial Grant year, and eight are activities being continued or expanded from the Initial Grant year. These 18 new and continuing activities contribute to the achievement of the four goals set forth in the Needs Assessment and Strategic Plan:

- **Goal 1:** High-quality early learning: Babies, toddlers and young children across NC will be able to participate in high-quality early learning programs.

- **Goal 2:** On track for school success: Young children across NC will reach their developmental goals by the time they enter kindergarten.

- **Goal 3:** Supportive and supported families and communities: Families with babies and toddlers across NC feel supported, are engaged in early learning, and are connected to the resources they need.

- **Goal 4:** Fostering social-emotional health and resilience: Babies, toddlers, and young children across NC will express, recognize, and manage their emotions in a healthy way, especially under stress.

In addition, during the process of developing the PPE plan, DCDEE, in partnership with Child Trends (see below), identified a fifth goal:

- **Goal 5:** Strengthening NC's mixed-delivery system: NC's comprehensive early childhood system will be more integrated, experience increased capacity to offer technical assistance to families and early childhood professionals, and offer sustained improvements for children, families and ECE professionals.

Table 1 lists the twenty PDG B-5 Renewal Grant activities.

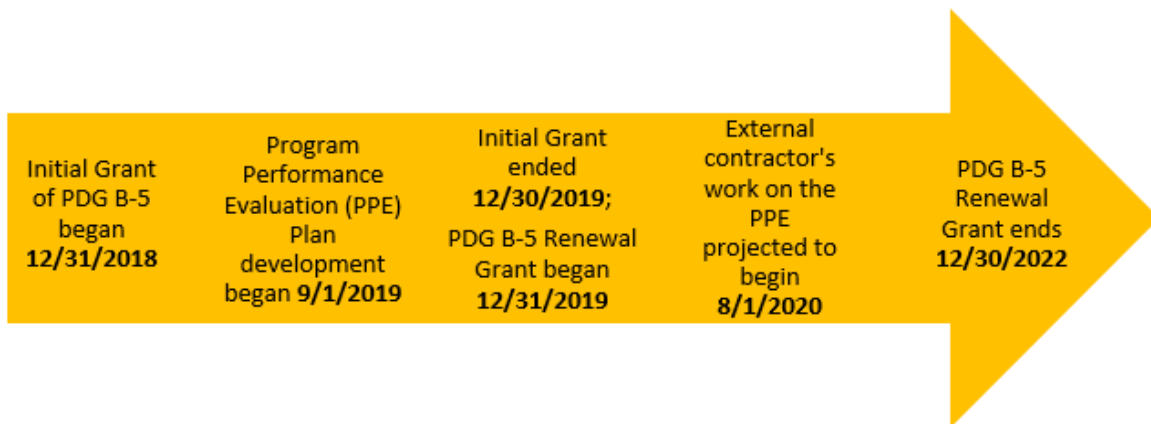**Table 1.** PDG B-5 Renewal Grant activities

PDG B-5 Renewal Grant Activity Number	Activity Name
1	North Carolina Statewide Birth-5 Needs Assessment
2	Birth to Five Early Childhood Education Strategic Plan
3.1	Universal home visiting pilot
3.2	Building statewide family engagement and leadership
3.3	Increasing local capacity to improve and promote family engagement and leadership
3.4	Expanding and improving family outreach materials and activities
4.1	Coaching toward mastery
4.2	Transition to kindergarten
4.3	Early identification for services
5.1	Babies 1st North Carolina
5.2	Statewide infant/toddler program feasibility and cost study
5.3	Early intervention access, transition, and family engagement
5.4	Increase early care and education access for families experiencing homelessness
5.5	Universal application and enrollment process
5.6	Alternative market rate model
6.1	Enhance and expand North Carolina Early Childhood Integrated Data System (NC ECIDS)
6.2	NCCARE360
6.3	Data platform to support transitions from preschool to kindergarten
6.4	Data-informed strategic planning
6.5	North Carolina early childhood data advisory council

This plan includes an approach to identify the following elements for each activity: action steps and inputs (e.g., key staff, partners, essential implementation tasks, budget, and other resources), proposed measures and indicators to describe implementation progress and short- and long-term outcomes; data that will be used to inform progress and describe experiences; and data collection partners. An example of this approach for Activity 5.1 is provided below. The PPE plan describes tasks and a timeline for developing these elements for the remaining PDG B-5 activities that DCDEE is refining as of March 2020 and expects to finalize by summer of 2020.

Timeline

Figure 1 illustrates the key dates for the PDG B-5 grant period and the PPE.

Figure 1. PDG B-5 Timeline

Initial Grant of PDG B-5 began 12/31/2018

Program Performance Evaluation (PPE) Plan development began 9/1/2019

Initial Grant ended 12/30/2019; PDG B-5 Renewal Grant began 12/31/2019

External contractor's work on the PPE projected to begin 8/1/2020

PDG B-5 Renewal Grant ends 12/30/2022

PPE plan development to date (September 2019-April 2020)

Beginning in September 2019, DCDEE contracted with Child Trends, a research and evaluation organization, to perform two main tasks in preparation for the implementation of the PPE. First, Child Trends conducted a retrospective process evaluation of activities implemented in the PDG B-5 Initial Grant year. The process evaluation generated findings on successes, challenges, and lessons learned that will be used to inform the ongoing development of PDG B-5 approaches. For example, the process evaluation found that activity leads felt they were often working in isolation and wanted opportunities to collaborate on common PDG B-5 goals. In turn, DCDEE is now building strategies to further support collaboration across the PDG B-5 activities.

Child Trends then engaged in a series of activities that informed the development of this PPE plan. Child Trends: (1) gathered stakeholder feedback to inform the development of goals, objectives, evaluation questions, initial ideas for measures, and measurement approach; (2) worked with DCDEE to develop a draft conceptual model for the project;[2] (3) began examining existing data sources and identifying needs for new data; (4) created a draft project-level logic model; and (5) created drafts of detailed logic models for individual activities that were identified as priorities by DCDEE. Each of these tasks is described in more detail below.

To inform the development of the draft PPE plan, Child Trends worked closely with DCDEE to first develop a set of objectives that aligned the findings from the Needs Assessment with PDG B-5 goals and activities. Next, Child Trends used the newly developed aligned objectives and goals to refine NC's PDG B-5 conceptual model (presented in the Design section below). Third, DCDEE worked with Child Trends to specify the long-term outcomes that they anticipated each of the PDG B-5 activities would achieve by the end of the 3-year grant. To help identify and develop these outcomes, Child Trends reviewed resources and materials that activity leads developed during the Initial Grant year, as well as the PDG B-5 Grant Renewal application. Child Trends also met regularly with DCDEE to learn more about each activity. In addition, Child

---

[2] This is referred to as the PDG B-5 conceptual model throughout this document.

Trends held a series of more in-depth discussions with lead staff for five activities that DCDEE identified as priorities. During these meetings, Child Trends and activity leads further discussed the activities' objectives and short- and long-term outcomes. Throughout this process, Child Trends worked closely with DCDEE to ensure that the objectives and short- and long-term outcomes identified for the PPE aligned with the activities' scopes of work and contractual obligations.

Following these discussions and document review, Child Trends began work to draft a project-level logic model. The project-level logic model aligns each of the PDG B-5 Renewal Grant activities with the PDG B-5 goals and objectives. The project-level logic model includes high-level outputs, outcomes, and short-term implementation benchmarks (which include one-year outputs and key implementation steps) for each activity. Using information from the project-level logic model, Child Trends next began to develop activity-level logic models. Finally, Child Trends examined initial ideas for data collection methods and began to think through the process for how the results will be used. More information is presented in the Design section in this plan.

Continued PPE plan implementation

DCDEE will hire a contracted external evaluator to implement the PPE plan, with a projected start date in August 2020. The implementation of the PPE plan will build off of the work accomplished through April 2020, including the work of Child Trends, DCDEE, the leadership team, activity leads, and providers and families participating in the activities. This work will include continuing to examine existing data sources and planning for the development of new data sources. Additionally, throughout the implementation of the PPE plan, DCDEE and the external evaluator will examine and refine the PDG B-5 conceptual model, as well as the individual activity-level logic models, to ensure alignment between the implementation and expected outcomes for each activity.

One of the first tasks for the evaluation contractor will be to work with DCDEE to develop customized timelines for the evaluation of the project as a whole and for each activity. Timelines will include tasks and due dates for data collection, analyses, and sharing of findings to inform CQI. DCDEE anticipates the following PPE tasks will be completed on the following timelines:

- Activity leads will submit reports on a core set of data to DCDEE on a monthly basis. DCDEE will use these data to monitor contract adherence and to provide support to activity leads who report challenges or request assistance. DCDEE will share these data with the external evaluator, who also will use these data to examine implementation fidelity, as well as to inform the development of survey or interview questions, where applicable.

- The external evaluator will work with DCDEE and activity leads to identify and prioritize data collection efforts that should be led by the external evaluator. These data collection efforts might include interviews, focus groups, surveys, and extraction of information from existing administrative data sources. Where applicable, the external evaluator will collect data on either a twice-yearly or annual basis (depending on the type of indicator). The evaluator will submit to DCDEE a brief report of ongoing findings on a quarterly basis and a full report once a year.

- The external evaluator will participate in monitoring and CQI discussions with DCDEE on a quarterly basis. During these quarterly meetings, the external evaluator will meet with DCDEE to discuss progress towards overall PDG B-5 goals and objectives, as well progress toward each individual activity's short-term implementation benchmarks and long-term outcomes.

- The external evaluator will work with DCDEE to collect and analyze data and information needed for the annual *Preschool Development Grant Birth through Five Renewal Grant Performance Progress Report.*

- DCDEE will work with the external evaluator to share findings with relevant stakeholders on an ongoing basis. These stakeholder groups will include activity leads, the PDG leadership team, and other stakeholder groups identified by DCDEE or the external evaluator.

Table 2 summarizes the anticipated overarching PPE tasks and timelines.

Table 2. Anticipated Data Collection and Reporting Schedule

Tasks	Estimated Timeline
Activity leads submit reports to DCDEE	Monthly
External evaluator participates in monitoring and CQI discussions with DCDEE, as needed, and submits ongoing findings based on data collected to date	Quarterly
External evaluator conducts data collection, analysis, reporting, and facilitates use of results DCDEE submits *Preschool Development Grant Birth through Five Renewal Grant Performance Progress Report*	Yearly

For subsequent years of the PPE, the external evaluator and DCDEE will review the plan at the start of each year and adjust, as needed, to align with updates to the Needs Assessment, Strategic Plan, and activity approaches.

PPE Resources

Staffing roles and responsibilities

For the implementation of the PPE plan, DCDEE will work closely with the external evaluator to determine staffing roles and responsibilities, including those of the activity leads. For instance, the external evaluator will oversee the evaluation components of the PPE, working in close collaboration with DCDEE, who will oversee the monitoring components. Evaluation components of the PPE plan include analyzing existing administrative data and collecting and analyzing new data to assess how the activities and the project as a whole are meeting intended objectives and outcomes. Monitoring components include ongoing, regular check-ins with each of the activity leads to ensure they are on track and on budget to meet their goals, and to support them in addressing any unexpected issues or challenges with activity implementation. Many of the specific roles and responsibilities will be determined later in 2020 after the PDG B-5 Renewal Grant activities have begun and DCDEE has identified the external evaluator.

The proposed PPE plan will rely on administrative data from DCDEE and its partners, as well as new data collection efforts. The external evaluator will develop data sharing agreements with relevant parties to have access to the specific administrative data needed for the PPE. This includes working with individual agencies and organizations at the state and local level, where applicable, as well as working with existing data governance entities in the state. The external evaluator will work closely with each of the agencies and organizations to determine what data are being collected, who owns the data, and what types of data sharing agreements and processes need to be in place in order to obtain and analyze the data for the PPE.

In cases where the data needed to evaluate an activity do not exist, the external evaluator will work in partnership with DCDEE and the activity leads to implement new data collection efforts. This may include developing and fielding surveys, interviews, or focus groups with key stakeholders. It may also include working with state and local organizations to modify or expand their current data collection efforts to support the evaluation of PDG B-5 activities.

PPE partners

There will be several key external entities that will partner with DCDEE to support the implementation of the PPE. First, DCDEE will hire an external evaluator to oversee the PPE. This evaluator will work closely with DCDEE staff and their contracted project management staff, who will conduct tasks such as general oversight, project planning, and monitoring. The external evaluator will be responsible for any new data collection, data analyses, and reporting associated with the evaluation. The external evaluator will also be responsible for sharing findings and soliciting feedback on a regular basis from the PDG leadership team, DCDEE, and other stakeholders to facilitate CQI. Second, DCDEE will work closely with the PDG leadership team to solicit input about the PPE process and how best to use the findings from the evaluation to implement improvements for the project and support adjustments in the activities if needed.

Budget

DCDEE has budgeted $750,000 for 2020 to support an external evaluator to conduct an evaluation of the project as a whole as well as for each of the activities. This is approximately 5.6 percent of the total PDG budget for 2020. In addition, the 2020 PDG budget includes staff to oversee the ongoing monitoring and reporting of the twenty activities, including monitoring activity contracts and budgets to ensure activities are on track to complete their scopes of work on time and on budget. A detailed budget outlining the specific costs for the PPE, including for both the monitoring and evaluation efforts, will be developed in the summer of 2020 when this work is anticipated to begin.

PPE Design

Alignment of the PPE with NC B-5 Early Childhood Education Strategic Plan and Statewide Birth-5 Needs Assessment

As described earlier, during the process to align the needs, goals, and objectives for each of the original four goals, an additional goal (Goal 5) emerged. Goal 5 focuses on how aspects of all the PDG B-5 activities advance objectives for strengthening and sustaining NC's comprehensive mixed-delivery system. The NC PDG B-5 Conceptual Model, shown in Figure 2, illustrates the *direct* relationships between activities, outcomes, and the five PDG B-5 goals. While the NC PDG B-5 Conceptual Model offers a high-level view of how activities directly contribute to PDG B-5 goals, it is important to note that many activities also *indirectly* contribute to additional goals. For example, the Goal 5 activity to improve the NCCARE referral data platform indirectly contributes to the Goal 3 objective to connect families to services.

Figure 2. NC PDG B-5 Conceptual Model

NC's Preschool Development Grant Conceptual Model

If we invest in these activities…

Activities	Outcomes
Activities 4.1, 4.2, 5.1, & 6.3	Improved quality of ECE programs
Activities 5.2, 5.4, 5.5, & 5.6	Increased access to high-quality ECE programs for families
Activities 4.2, 4.3, 5.3, & 6.3	Improved transition to kindergarten process for children, families, and teachers
Activities 4.3 & 5.1	Improved referrals to early identification services for children with developmental delays or behavioral health risks
Activities 3.1, 3.2, 3.3, 3.4, 5.3, & 6.2	Increased number of families connected to supportive services
Activities 3.2, 3.3, & 5.3	Increased number of families who are engaged in leadership activities and are empowered to advocate for their children
Activities 4.1 & 4.3	Increased number of PD offerings focused on children's social-emotional resilience
Activity 4.3	Increased number of children receiving services that promote social-emotional resilience
All activities	**Improved** (1) expertise of ECE technical assistance providers, (2) collaboration, coordination, alignment, and efficiencies among ECE service providers and agencies, (3) early childhood data systems and increased number of data-informed decisions, (4) capacity to take PDG activities to scale statewide, and (5) capacity to sustain improvements to the mixed delivery system beyond the PDG grant

will lead to achieving these goals.

Goal 1
High-quality early learning: babies, toddlers, and young children across NC will be able to participate in high-quality early learning programs.

Goal 2
On track for school success: young children across NC will reach their developmental goals by the time they enter kindergarten.

Goal 3
Supportive and supported families and communities: families with babies and toddlers across NC feel supported, are engaged in early learning, and are connected to the resources they need.

Goal 4
Fostering social-emotional health and resilience: babies, toddlers, and young children across NC will express, recognize, and manage their emotions in a healthy way.

Goal 5
Strengthening NC's mixed-delivery system: NC's comprehensive early childhood system will become more integrated, experience increased capacity to offer technical assistance to families and early childhood professionals, and offer sustained improvements for children, families, and ECE professionals.

Project-level logic model

DCDEE worked with Child Trends to develop a project-level logic model that connects Needs Assessment findings with PDG B-5 goals, objectives, inputs, short-term implementation benchmarks (including key action steps and outputs), and long-term outcomes with each of the PDG B-5 activities (See Appendix A). High-level outputs and outcomes included in the project-level logic model will serve as the foundation for the PPE. Although the project-level logic model focuses on the primary activities that directly relate to the five PDG B-5 goals, it also notes activities that are expected to indirectly help achieve the long-term outcomes and goals.

Activity logic models

Using information from the project-level model, Child Trends worked with DCDEE to develop drafts of individual logic models for a select number of priority PDG B-5 activities. Once the external evaluator is selected to oversee the PPE, one of the initial tasks will be to work with DCDEE and the activity leads to refine and develop logic models for additional activities, where needed. The purpose of having individual logic models for these activities is to not only capture details needed to inform the PPE, but also include additional information that describes the full range of each activity's intended action steps, outputs and outcomes. This would allow the activity leads to use the logic model for their internal evaluation efforts, beyond what is needed for the PPE. Once the priority activity logic models are reviewed, the external evaluator will collaborate with DCDEE and activity leads to develop logic models for additional activities, where needed. An example of a draft logic model for one activity is presented in Table 3. The logic model illustrates the benchmarks, outputs, and outcomes for the activity—Babies 1st NC—that support three of the PDG's overarching goals (Goals 1, 2, and 5).

Table 3. Babies 1st NC Logic Model

Inputs: PDG funding; CCSA staff; participating child care centers; infant/toddler (I/T) teachers in Martin, Pitt, Pender, New Hanover, Durham, Vance, Wake, Harnett, Cumberland, and Johnston counties

GOAL	OBJECTIVE	SHORT-TERM IMPLEMENTATION BENCHMARKS (1-year outputs and implementation steps)	OUTPUTS (3-year – end of project)	LONG-TERM OUTCOMES (3-year – end of project)
GOAL 1: High-quality early learning: Babies, toddlers, and young children across NC will be able to participate in high-quality early learning programs.	**A)** Improve the quality of ECE programs	• 32 teachers, support staff, and administrators will be provided with I/T coaching and professional development (PD) • 75% of teachers will report increased knowledge of practices to support I/T development • 75% of teachers will report increased confidence in their ability to support I/T development • Programs will conduct a pre-post assessment and use the results to inform further quality improvement • 75% of programs will have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework • 50% of programs will offer monthly family engagement activities • 40% of families will participate in family engagement activities	• 60 I/T teachers, program administrators, and support staff will receive intensive I/T coaching and PD, improving the quality of care for approximately 350 children	• 90% of teachers will report a) increased knowledge of practices, and b) increased confidence in their ability to support infant/toddler development • 90% of infant/toddler classrooms will show improvements in quality on post assessments, as measured by CLASS or another observation tool • 65% of enrolled families will participate in sponsored family engagement activities • 100% of programs have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework

GOAL	OBJECTIVE	SHORT-TERM IMPLEMENTATION BENCHMARKS (1-year outputs and implementation steps)	OUTPUTS (3-year – end of project)	LONG-TERM OUTCOMES (3-year – end of project)
GOAL 2: On track for school success: Young children across NC will reach their developmental goals by the time they enter kindergarten.	**B)** Improve early identification and referrals for young children with developmental and/or behavioral health risks	• 45% of children in participating programs will receive a developmental screening	• 60 I/T teachers, program administrators, and support staff will receive intensive I/T coaching and PD, improving the quality of care for approximately 350 children	• 85% of children in participating programs will receive developmental screening
GOAL 5: Strengthening NC's mixed-delivery system: NC's comprehensive early childhood system will become more integrated, experience increased capacity to offer technical assistance to families and early childhood professionals, and offer sustained improvements for children, families, and ECE professionals.	**C)** Improve coordination, collaboration, alignment, and efficiencies among ECE agencies	• Convene Babies 1st NC statewide advisory group	• Number and type of stakeholders participating on statewide advisory group	• The Babies 1st NC statewide advisory group will (a) provide recommendations and (b) implement recommendations where feasible on improvements to coordination, collaboration, alignment, and efficiencies among early childhood education agencies
	H) Build capacity to sustain increased access to services and improvements to NC ECE system	• Potential sustainability strategies will be developed	• Types of steps taken to develop the sustainability plan	• A sustainability plan will be developed

PPE goals, objectives, and questions

The Foundations for Evidence-Based Policymaking Act of 2018 defines performance measurement as the "ongoing monitoring and reporting outcomes of program accomplishments".[3] The definition further lists process evaluation, examination of the type of program activities, and outcome evaluation as examples of performance measurement. The goals of the PPE align with this definition and are as follows:

1. **Monitor progress and contract adherence.** The PPE plan includes tasks to regularly track the progress of all the activities toward meeting the PDG B-5 goals. This is a key component of a performance evaluation, which includes contract monitoring to reduce risks and improve cost-effectiveness.
2. **Provide information for CQI.** One of the most important goals for a PPE is to provide information to improve progress toward reaching desired outputs and outcomes. The PPE plan incorporates a systematic approach to collect and use information throughout the PPE period to guide CQI efforts.
3. **Provide information that can be used to inform efforts to scale and/or sustain activities.** In order for DCDEE to realize the Strategic Plan vision that all NC children will be healthy, safe and nurtured, and learning and ready to succeed by 2025, successful PDG B-5 activities will need to be scaled and sustained. The PPE ultimately will lead to recommendations for scale-up and sustainability.
4. **Learn if activities resulted in intended improvements for children, families, ECE providers, and NC's mixed-delivery system.** Another essential performance measurement objective is measuring results for pre-established goals. The PPE addresses the extent to which the PDG B-5 activities achieved outcomes that contribute to the broader Strategic Plan goals.

The PPE plan includes a series of evaluation and sub-evaluation questions to address these four PPE goals, shown in Table 3. The sub-questions will provide information that can be used to broadly learn about the PDG B-5 successes, challenges, and lessons learned.

Table 3. PPE Plan Goals and Evaluation Questions

PPE Plan Goal	PPE Evaluation Questions	PPE Plan Evaluation Sub-Questions
Goal 1: Monitor progress and contract adherence	Evaluation Question 1: To what extent are activities implemented as planned?	• Were modifications to planned implementation needed and if so, why? • To what extent did modifications contribute toward achieving or not achieving intended outcomes?
Goal 2: Provide information for continuous quality improvement	Evaluation Question 2: To what extent are activities achieving anticipated short-term implementation benchmarks? Evaluation Question 3: To what extent are activities achieving	• What factors facilitate success in achieving short-term implementation benchmarks and long-term outcomes? • How can facilitators of success be replicated and sustained? What factors contribute to challenges with achieving short-term implementation benchmarks and long-term outcomes?

---

[3] https://www.whitehouse.gov/wp-content/uploads/2020/03/M-20-12.pdf

PPE Plan Goal	PPE Evaluation Questions	PPE Plan Evaluation Sub-Questions
	anticipated long-term outcomes?	• How can challenges be addressed? • What improvements are needed?
Goal 3. Provide information that can be used to inform efforts to scale and/or sustain activities	Evaluation Question 2: To what extent are activities achieving anticipated short-term implementation benchmarks? Evaluation Question 3: To what extent are activities achieving anticipated long-term outcomes?	• What factors facilitate success with achieving short-term implementation benchmarks and long-term outcomes? • How can facilitators of success be replicated and sustained? • What factors contribute to challenges with achieving short-term implementation benchmarks and long-term outcomes? • How can challenges be addressed? • What improvements are needed?
Goal 4. Learn if activities resulted in intended improvements for children, families, ECE providers, and NC's mixed-delivery system.	Evaluation Question 3: To what extent are activities achieving anticipated long-term outcomes?	• Did activities achieve long-term outcomes? • What changes were realized for children, families, early childhood professionals and the mixed-delivery system? • What future investments should be made to sustain these changes?

Indicators, data sources, and data collection partners

NC has a wealth of early childhood data systems and data sources available for the evaluation. For instance, there are state administrative and programmatic data from ECE and social services programs, such as NC Pre-K, subsidized childcare assistance, Head Start, home visiting programs, Temporary Assistance for Needy Families (TANF) and Medicaid. Moreover, the state's integrated data system, NC Early Childhood Integrated Data System (ECIDS), can provide unduplicated counts of children being served in select programs. Additionally, many of the activity leads such as NCPC and their Smart Start Partnerships, Child Care Services Association, Family Connects, and other child care resource and referral agencies collect a myriad of data. Lastly, activities that are continuing from the PDG B-5 Initial Grant year may have data they collected during this first year.

In addition to developing an overall project-level PPE plan during the Initial Grant year, Child Trends met with DCDEE to discuss possible approaches to evaluating five of the PDG B-5 activities that DCDEE identified as state priorities. These discussions covered topics such as how these activities fit within the four original Strategic Plan goals and PDG B-5 objectives. Additionally, activity action steps, evaluation questions, draft indicators for short- and long-term outcomes, possible data sources, and data collection partners for the activities were all identified. See Appendix B for an example of a table that includes these draft PPE plan elements. An early task for the external evaluator will be to work with DCDEE to elaborate these elements for all PDG B-5 activities.

Data analysis

The external evaluator will develop the specific analysis approach in collaboration with DCDEE as data collection approaches are solidified. In general, the PPE will use mixed methods to describe PDG B-5 activities and examine progress toward goals and objectives over time. These methods will likely include descriptive statistics about the extent to which activities reach target populations. In addition, they may include pre/post analyses for changes in indicators measured through surveys, observational tools, and administrative data indicators (e.g., referrals to community services for children and families). The PPE also will include qualitative analyses for common themes that emerge in interviews, focus groups, and open-ended survey responses.

Data privacy and security

When dealing with existing administrative data from state agencies or local organizations, or in collecting new data, the external evaluator will work with DCDEE and their partners to ensure that all data-related activities adhere to any relevant data privacy and security requirements. For instance, administrative data may fall under various sets of regulations, including the Family Educational Rights and Privacy Act (FERPA) or the Health Insurance Portability and Accountability Act (HIPAA) at the federal level, or state regulations or requirements set up by the North Carolina Department of Health and Human Services or specific agencies or partners. The external evaluator will need to work closely with data privacy and security officers and legal staff from DCDEE and other relevant agencies and organizations to set up data sharing agreements. These agreements will describe the parameters and processes for sharing data including how data will be shared, where it will be stored, and how it will be reported and used. Such agreements will ensure that any administrative data used for the PPE will adhere to data privacy and security requirements, including ensuring that no personally identifiable information will be released publicly or to those who do not have permission to access it. The specific data privacy and security requirements and regulations will be determined after the data sources included in the PPE are finalized.

Using and Reporting PPE Findings

It is critical that the findings from the PPE be used and shared to support CQI of the project as a whole and for the individual activities. The external evaluator will work in collaboration with DCDEE to develop a plan for ongoing reporting of the findings. This will include opportunities to share findings with key stakeholders, such as with the PDG Leadership Team, the activity leads, and providers and families when applicable. Findings will be used to inform updates to the Birth to Five Early Childhood Education Strategic Plan and the Early Childhood Action Plan as needed. Findings may inform direction for the updated Needs Assessment. Table 4 provides an overview of how findings for each of the PPE's main evaluation questions will be used.

Table 4. PPE Plan Evaluation Questions and Use of Findings

PPE Evaluation Question	Use of Findings
Evaluation Question 1: To what extent is the activity implemented as planned?	DCDEE and activity leads will use findings to monitor implementation fidelity and make improvements to the model.
Evaluation Question 2: To what extent is the activity achieving anticipated short-term implementation benchmarks?	DCDEE and activity leads will use findings to monitor implementation, make improvements where needed, and learn how short-term successes can be sustained and/or replicated. Findings may inform updates to the Strategic Plan and Needs Assessment.
Evaluation Question 3: To what extent is the activity achieving anticipated long-term outcomes?	DCDEE and activity leads will use findings to learn about progress toward long-term outcomes and adjust as needed to stay on track to achieve desired outcomes. Findings also will be used to make recommendations for sustainability and going to scale, where applicable. Findings may inform updates to the Strategic Plan and Needs Assessment.

Assumptions, Constraints, and Risks

The success of the PPE is, in part, dependent on the success of the PDG B-5 project and associated activities. That is, in order to best evaluate the intended short- and long-term outcomes of each activity, the activities need to be implemented and contracts need to be in place. While the PPE will evaluate if the activities are meeting their proposed outputs and outcomes, the approach outlined in this initial plan assumes that steps to implement the PDG B-5 are underway.

There are several potential obstacles that may hinder the implementation of the PPE plan. First, the overall project or specific activities may have a delayed start due to contract or payment delays or needing to hire specific staff to lead key aspects of the project or activities. When examining the initial year of the PDG B-5, some of the major challenges included delays in the start-up of activities and/or not having adequate staff to begin implementing the activities immediately. Furthermore, there will likely be delays or changes to activities as a result of agency and early childhood education program closings or interruptions related to the COVID-19 pandemic.

Timely development and signing of data sharing agreements may be a second potential obstacle in ensuring that the external evaluator has access to the data necessary to assess the PDG B-5 project and activities. Both of these obstacles can be addressed by having the external evaluator work in close collaboration with DCDEE and activity leads so that they are involved in the process and informed of delays in the development of data sharing agreements and can stagger the implementation of the evaluation if needed.

A third potential obstacle is the availability and quality of the data. Whereas the PPE will include extensive collection of new data, it will also rely on administrative data or data collected by the activity leads. The quality of administrative data is likely to vary, and the available data may not align clearly with the evaluation questions. To mitigate this potential risk, the external evaluator will need to partner with DCDEE and activity leads to examine the proposed data in advance to ensure it meets the needs of the evaluation.

Appendix A. North Carolina's PDG B-5 Project-Level Logic Model – Working Draft

Appendix A presents a working-draft project-level logic model for North Carolina's PDG B-5 Renewal Grant. Child Trends developed the project-level logic model in collaboration with DCDEE as a resource for further development of the Program Performance Evaluation (PPE) plan. All information in the project-level logic model, including targets for short-term implementation benchmarks, outputs and outcomes, is based on information that was available as of April 30, 2020. The PPE plan includes tasks to update the project-level logic model in the summer of 2020.

GOAL 1: High-quality early learning: babies, toddlers, and young children across NC will be able to participate in high-quality early learning programs

LONG TERM IMPACT:
- By 2025, increase the percentage of income-eligible children enrolled in NC Pre-K statewide from 47% to 75%
- By 2025, decrease the percent of family income spent on child care, according to data provided by Child Care Aware America (infant care from 11.6% to 7%; toddler care from 10.5% to 7%; and four-year-olds from 10% to 7%)

INPUTS: PDG B-5 funding, Early Childhood Action Committee (ECAC), Division of Child Development and Early Education (DCDEE), Governor's office, activity lead agencies, parents, children under age 5, community stakeholders, Early Childhood Action Plan (ECAP), NC Strategic Plan, NC Needs Assessment, NC Early Childhood Integrated Data System (NC ECIDS), NCCARE360, Transition to Kindergarten and Universal Enrollment statewide advisory group, Babies 1st NC statewide advisory group

INDIRECT CONTRIBUTIONS: Activities 3.2, 4.3, 5.3, 6.1, 6.2, 6.3, 6.4, and 6.5 make indirect contributions to Goal 1

TARGET POPULATION
- Early care and education (ECE) workforce;
- Children birth to age 5 and their families, with special attention to infants/toddlers, children in need of social emotional supports, and children experiencing homelessness

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
There is a need to improve supports for high quality ECE programs.	**A)** Improve the quality of ECE programs	**4.1:** Coaching Toward Mastery	**4.1:** Three regions will be selected to participate in the Coaching Toward Mastery pilot **4.1:** Coaches will be trained in Practice-Based Coaching **4.1:** Competencies and assessments that align with NAEYC teacher competencies will be established	**4.1:** 96 ECE teachers in an estimated 34 infant/ toddler (I/T) classrooms and 62 preschool classrooms will receive practice-based coaching, reaching approximately 1,170 children	**4.1:** NC will have developed definitions for mastery of teacher competencies that align with National Association for the Education of Young Children (NAEYC) teacher competencies **4.1:** 80% of ECE teachers will demonstrate mastery (e.g., by increasing their teacher level on Practice-Based Coaching's teacher assessment tool) **4.1:** Ratings of TA implementation fidelity will be at least 95%.
		4.2: Transition to Kindergarten and	**4.2:** Data sharing agreements for transferring child development information will be developed	**4.2:** Approximately 4,200 teachers in 50 counties will be added to the TTK pilot, reaching 10,000 children and families	**4.2:** 95% of Pre-K and K teachers will report satisfaction with efforts to communicate with each other regarding students' developmental status **4.2:** 100% of counties will (a) collect data on parents' experiences during the transition process, and (b) use the information to improve practices, where relevant

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
			4.2: Transition to Kindergarten Teacher Forum and Transition Summit for leadership teams will be hosted		**4.2:** 100% of Pre-K and K teachers will report using a standardized tool (e.g., the CIF or Teaching Strategies Gold) to share information about children's developmental status
		5.1: Babies 1st NC	**5.1:** 32 teachers, support staff, and administrators will be provided with I/T coaching and PD **5.1:** 75% of teachers will report increased knowledge of practices to support I/T development **5.1:** 75% of teachers will report increased confidence in their ability to support I/T development **5.1:** Programs will conduct a pre-post assessment and use the results to inform further quality improvement **5.1:** 75% of programs will have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework **5.1:** 50% of programs will offer monthly family engagement activities **5.1:** 40% of families will participate in family engagement activities	**5.1**: 60 I/T teachers, program administrators, and support staff will receive intensive I/T coaching and PD, improving the quality of care for approximately 350 children	**5.1:** 90% of teachers will report a) increased knowledge of practices, and b) increased confidence in their ability to support infant/toddler development **5.1:** 90% of infant/toddler classrooms will show improvements in quality on post assessments, as measured by CLASS or another observation tool **5.1:** 65% of enrolled families will participate in sponsored family engagement activities **5.1:** 100% of programs have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
There is a discrepancy between the demand for and availability of ECE and pre-K services.	**B)** Increase access to and availability of high-quality ECE, particularly for children and families experiencing homelessness	**5.2:** Statewide Infant Toddler Program Feasibility and Cost Study	**5.2:** A contractor will be selected through RFA process; contractor will complete feasibility and cost study	**5.2:** Completed feasibility and cost study	**5.2:** A plan will be submitted to implement recommendations for large-scale I/T ECE
		5.4: Increase ECE Access for Families Experiencing Homelessness	**5.4:** Comprehensive state strategic plan for increasing access for families experiencing homelessness will be established **5.4:** 4-6 counties will pilot and complete the self-assessment tool **5.4:** Survey will be conducted with emergency shelter/transitional housing programs and providers	**5.4:** Number of children experiencing homelessness enrolled in emergency shelters or other services that complete the self-assessment tool	**5.4:** The number of children experiencing homelessness who have access to high-quality ECE environments will increase by 10%
		5.5: Universal Application and Enrollment Process	**5.5:** Participating communities will have formed local teams and submitted a draft plan for creating a universal application and enrollment process	**5.5:** Common application and enrollment process will be created in up to 50 participating counties **5.5:** 34 counties will receive mentoring through 8 pilots **5.5:** Number of children will live in (number of) counties that are actively working to implement a universal application and enrollment process for ECE	**5.5:** The number of children collectively enrolled in Head Start, Title 1, NC PreK, center or home-based childcare subsidies in participating counties will increase **5.5:** Families will be a) satisfied with the common application process, and b) will report they were connected with a program that met their needs

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		5.6: Alternative Market Rate Model	**5.6:** State advisory group will be established; data from market rate surveys, cost-based methodologies, and hybrid models will be reviewed	**5.6:** Up to 3 alternative models to NC's current market rate model will be created	**5.6:** 1 alternative model to NC's current market rate model will be selected

GOAL 2: On track for school success: young children across NC will reach their developmental goals by the time they enter kindergarten

LONG TERM IMPACT:
- By 2025, increase the percentage of children across NC who enter kindergarten at a level typical for their age group, according to the five domains of the NC Department of Public Instruction Kindergarten Entry Assessment (KEA)

INPUTS: PDG funding, ECAC, DCDEE, Governor's office, activity lead agencies (can list these all out), parents, children under age 5, community stakeholders, ECAP, NC Strategic Plan, NC Needs Assessment, NC ECIDS, Transition to Kindergarten and Universal Enrollment, and state leadership team to enhance screening, referral, and communication protocols and increase workforce capacity across agencies

INDIRECT CONTRIBUTIONS: Activities 6.4 and 6.5 make indirect contributions to Goal 2

TARGET POPULATION
- Children birth to age 5 and their families, including vulnerable populations;
- ECE workforce;
- Mental health service providers

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
ECE teachers need systematic ways to effectively communicate about children's developmental status at the end of the preschool year. Information is needed regarding parents' experiences with transition to Kindergarten, particularly for children in rural areas, dual language learners, and children with special needs. Families experience challenges when their children transition from the NC ITP to preschool.	A) Make transitions easier for all children, families, and teachers	**4.2:** Transition to Kindergarten **6.3:** Data Platform to Support Transitions from Preschool to Kindergarten	**4.2:** Data sharing agreements for transferring child development information will be developed **4.2:** Transition to Kindergarten Teacher Forum and Transition Summit for leadership teams will be hosted **6.3:** Integration timeline developed **6.3:** Current school year's data available in *TS GOLD* for educators to access	**4.2:** Approximately 4,200 teachers in 50 counties will be added to the TTK pilot, reaching 10,000 children and families **6.3:** 10,000 transition plans will be transferred between NC Pre-K teachers, K teachers, and families	**4.2:** 95% of Pre-K and K teachers will report satisfaction with efforts to communicate with each other regarding students' developmental status **4.2:** 100% of K teachers will report they receive information from Pre-K teachers about student's developmental status **4.2:** 100% of K teachers will report the information they receive from Pre-K teachers about student's developmental status is useful **4.2:** 95% of parents will be satisfied with the type of opportunities to support their child's transition from Pre-K to kindergarten **4.2:** 100% of counties will (a) collect data on parents' experiences during the transition process, and (b) use the information to improve practices, where relevant **4.2 and 6.3:** 100% of Pre-K and K teachers will report using a standardized tool (e.g., the CIF or Teaching Strategies Gold) to share information about children's developmental status

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
			6.3: Interrater reliability and first checkpoint complete		
		5.3: Early Intervention Access, Transition, and Family Engagement	**5.3:** Fact sheets, webinars, and infographics with transition information will be developed	**5.3:** Information (fact sheets, webinars, etc.) to guide the transition from ITP to preschool will be provided for to 18,000 families	**5.3:** 95% of parents will be satisfied with the type of opportunities to support their child's transition from ITP to preschool
There are inconsistent early intervention screening practices across ECE programs.	**B)** Improve early identification and referrals for young children with developmental and/or behavioral health risks	**4.3:** Early identification for services	**4.3:** State leadership team between key early childhood agency partners will be established **4.3:** Cross-agency protocol for effective identification and referral will be developed **4.3:** RFA for PD on early childhood mental health evidence-based practices (EBP) will be released	**4.3:** 750 early childhood practitioners will receive training on social-emotional measures	**4.3:** 95% of practitioners participating in training will report increased knowledge of and confidence in addressing early childhood mental health issues

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		5.1: Babies 1st NC	**5.1:** 45% of children in participating programs will receive developmental screening	**5.1**: 60 I/T teachers, program administrators, and support staff will receive intensive I/T coaching and PD, improving the quality of care for approximately 350 children	**5.1:** 85% of children will receive a developmental screening.

GOAL 3: Supportive and supported families and communities: families with babies and toddlers across NC feel supported, are engaged in early learning, and are connected to the resources they need					
LONG TERM IMPACT: • By 2025, 50% of early education programs have a family engagement plan that includes best practices as identified by the family engagement plan and action framework					
INPUTS: PDG funding, ECAC, DCDEE, Governor's office, activity lead agencies (can list these all out), parents, children under age 5, community stakeholders, ECAP, NC Strategic Plan, NC Needs Assessment, NC ECIDS, NCCARE360, state leadership team to enhance screening, referral, and communication protocols and increase workforce capacity across agencies					
INDIRECT CONTRIBUTIONS: Activities 6.1, 6.2, 6.4, and 6.5 make indirect contributions to Goal 3					
TARGET POPULATION • Children birth to age 5 and their families, including vulnerable populations; • Local Smart Start partnerships; • ECE service providers					

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION OUTCOMES (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
Families want access to parent networks, community support groups and a networked system to notify them about available services and how to access these services. There is a gap between the demand for and availability of speech and language therapy services and services for children with autism spectrum disorders.	**A)** Increase the number of families connected to services, particularly for families who are underserved (e.g., families with limited English skills)	**3.1:** Universal Home Visiting Pilot **3.2:** Building Family Engagement and Leadership	**3.1:** 100% of families will have access to a home visitor **3.1:** Percentage of rural families will be served **3.2:** TOT curriculum and online modules will be developed **3.2** TOT training will be piloted	**3.1:** 9,900 families will receive services; 60% of Medicaid births will be served **3.2** 100 EC TA Providers will participate in a Training of Trainers (TOT) on building family engagement and leadership **3.2:** 6 family summits will be held **3.2:** 60 parent trainings will be held **3.2:** 20 peer support networks will be established with 350 parents participating	**3.1:** 90% of families receiving universal home visiting services will be connected to needed services, as measured by the % of families connected to a range of service types, such as 4 or 5-star child care, primary health care, basic services, etc. **3.2:** 95% of participants attending trainings offered by TOT trainers will report they have increased their knowledge of (a) services and (b) how to access services **3.2:** 95% of parents participating in peer networks will report they have increased their knowledge of (a) services for children and families and (b) how to access services **3.2:** 95% of parents participating in peer networks will report they feel an increased connection to their peers

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION OUTCOMES (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		3.3: Increasing Local Capacity to Improve and Promote Family Engagement and Leadership	**3.3:** Select cohorts 1 and 2	**3.3** 40 local Smart Start Partnerships will engage in activities to promote family engagement and leadership	**3.3:** 95% of parents will report they have increased their knowledge of (a) services for children and families and (b) how to access services
		3.4: Expanding and Improving Family Outreach Materials and Activities	**3.4:** An implementation plan for the family events will be drafted. **3.4:** 2 Rootle Block Party LIVE! Events will be held **3.4:** 4 Rootle Roadster Tour events will be held **3.4:** 2 PBS KIDS Playful Learning Train the Trainer workshops will be held	**3.4:** 12,000 families will attend 8 Rootle family events in major markets **3.4:** 9,000 families will attend 16 Rootle Roadster Tour events in rural markets **3.4:** 24,000 families will be reached by Bright by Text messages **3.4:** 6 TOT workshops will be provided in rural markets with 180 participants **3.4:** 450 PBS KIDS playtime pads will be distributed at family events	**3.4:** Parent exposure to information on existing services in their community will increase
		5.3: Early Intervention Access, Transition, and Family Engagement	**5.3:** 1 SLP and 1 OT to provide teletherapy will be contracted **5.3:** Teletherapy pilot will be expanded to include 5 additional counties	**5.3:** Number of providers who will be recruited to provide teletherapy	**5.3:** 210 children will receive teletherapy services
		6.2: NCCARE360	**6.2:** NCCARE360 will be launched in all 100 counties **6.2:** 20,000 referrals will be made through NCCARE360 by end of 2020	**6.2:** 150 ECE providers will be added to NCCARE360 resource directory	**6.2:** 80% of referrals made through NCCARE360 will be completed **6.2:** 2,000 families will be served through NCCARE360 in the Family Connects pilot

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION OUTCOMES (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
Service providers and policy makers need a better understanding of families' perspectives and the full range of their service needs.	**B)** Increase the number of families that feel empowered to advocate for their children and are engaged in leadership activities	**3.2:** Building Family Engagement and Leadership	**3.2:** TOT session will be developed **3.2:** State-level and regional parent/family only support networks will be developed **3.2:** Parent leadership training will be developed	**3.2:** 100 EC TA Providers will participate in a Training of Trainers (TOT) on building family engagement and leadership **3.2:** 6 family summits will be held; 50 family leaders each **3.2:** 20 peer support networks will be established with 350 parents participating **3.2:** 60 family leadership trainings will be held with 1,250 parents participating	**3.2:** 95% of participants attending trainings offered by TOT trainers will report they have increased their confidence in (a) accessing services for their child and (b) providing feedback to service providers. **3.2:** 95% of parents participating in peer networks will report increased confidence in their ability to advocate for their child **3.2:** 95% of parents participating in peer networks will report they participated in at least one leadership activity at the state or local level
		3.3: Increasing Local Capacity to Improve and Promote Family Engagement and Leadership	**3.3:** 10 implementation counties from Cohort 1 will be selected **3.3:** 10 planning counties to form Cohort 2 will be selected **3.3:** 10 implementation counties from Cohort 2 will be selected	**3.3:** 400 families will be trained in the family engagement framework	**3.3:** 95% of participating local Smart Start Partnerships will show evidence of families serving in the role of consultant, partner, or change agent, as a result of early stage implementation of their local family engagement plan **3.3:** 95%of local Smart Start Partnerships show evidence of changes in service provider policy, processes, or programs based on parent input in participating communities.
		5.3: Early intervention Access, Transition, and Family Engagement	**5.3:** Annual incentive program for LICC family recruitment will be developed **5.3:** Website on family participation and LICC family activities will be created **5.3:** LICC newsletter will be created and LICC handbook will be revised	**5.3:** Number and types of activities LICCs use to engage family representatives	**5.3:** 100% of Local Interagency Coordinating Councils (LICCs) will include family representatives **5.3:** X% of LICCs will report that they are better equipped to engage families. **5.3:** 95% of parents participating in peer networks will report increased confidence in their ability to advocate for their child.

GOAL 4: Fostering social-emotional health and resilience: babies, toddlers, and young children across NC will express, recognize, and manage their emotions in a healthy way, especially under stress

LONG TERM IMPACT:
- By 2025, NC will have a reliable, statewide measure of young children's social-emotional health and resilience at the population level
  a. DCDEE will work with partners to create competencies for early childhood and mental health specialists (including infant mental health) to be used by those who administer the measure
  b. Ensure alignment between zero to five social-emotional supports and the kindergarten to third grade programs, including federal funded programs, by 2025

INPUTS: PDG funding, ECAC, DCDEE, Governor's office, activity lead agencies (can list these all out), parents, children under age 5, community stakeholders, ECAP, NC Strategic Plan, NC Needs Assessment, NC ECIDS, state leadership team to enhance screening, referral, and communication protocols and increase workforce capacity across agencies

INDIRECT CONTRIBUTIONS: Activities 6.4 and 6.5 make indirect contributions to Goal 4

TARGET POPULATION
- Children birth to age 5 and their families, including vulnerable populations;
- Mental health service providers;
- ECE workforce

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
There is a need for ECE professionals to expand their view of social emotional resilience to include social emotional strengths versus a view limited to challenging behavior.	**A)** Increase the number and intensity of PD offerings focused on children's social-emotional resilience (e.g., early childhood mental health trainings for clinicians)	**4.1:** Coaching Toward Mastery **4.3:** Early Identification for Services	**4.1:** TBD **4.3:** RFA for PD on early childhood mental health EBPs will be released	**4.1:** TBD[4] **4.3:** 60 mental health workers will receive training on EBP in early childhood mental health **4.3:** 750 early childhood practitioners will receive training on social-emotional measures	**4.1:** TBD **4.3:** 95% of mental health workers who received training on EBP in early childhood mental health will report they intend to use at least one new EBP practice **4.3:** 95% of ECE practitioners participating in training increased knowledge of and confidence in addressing early childhood mental health issues and knowledge for when and how to make a referral

---

[4] The outputs and outcomes for 4.1: Coaching Toward Mastery will be set in partnership with DCDEE and activity leads as the details are finalized for this activity.

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
There is a need for more services to promote children's social-emotional resilience.	**B)** Increase the availability of services to promote children's social-emotional resilience in ECE settings **C)** Increase the number of children receiving services that promote social-emotional resilience (both within ECE settings and in community-based settings)	**4.3:** Early Identification for Services	**4.3:** RFA for PD on early childhood mental health EBPs will be released **4.3:** Refine telehealth training, application, and evaluation processes, while continuing to collect outcomes to show effectiveness	**4.3:** 60 mental health workers will receive training on EBP in early childhood mental health **4.3:** 750 early childhood practitioners will receive training on social-emotional measures	**4.3:** Practitioners participating in training will report increased knowledge of and confidence in addressing early childhood mental health issues **4.3:** 95% of practitioner participating in training will report an increase in children who received services that promote social-emotional resilience. **4.3:** There will be an increase in the number of services of available for children and families in underserved counties. **4.3:** There will be an increase in the number of children receiving services in underserved counties.

GOAL 5: Strengthening NC's mixed-delivery system: NC's comprehensive early childhood system will become more integrated, experience increased capacity to offer technical assistance to families and early childhood professionals, and offer sustained improvements for children, families, and ECE professionals.

LONG TERM IMPACT: A strengthened mixed delivery system will result in North Carolina's children and families receiving services across a spectrum of programs that meet their needs, and all supports to those programs being available to all providers within the system.

INPUTS: PDG funding, ECAC, DCDEE, Governor's office, activity lead agencies, parents, children under age 5, community stakeholders, ECAP, NC Strategic Plan, NC Needs Assessment, NC ECIDS

TARGET POPULATION
- ECE stakeholders, including service providers, state agencies, technical assistance (TA) providers; and policymakers

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
There is a need to increase the capacity of NC's ECE TA providers to support the various ECE system sectors.	**A)** Improve ECE TA provider expertise to support improvements to the ECE system	**3.2:** Building Family Engagement and Leadership	**3.2:** TOT curriculum and online modules will be developed **3.2:** TOT training will be piloted **3.2:** Number of trainers attending the TOT who will report they a) improved knowledge about how to build family engagement and leadership, and b) feel ready to offer family engagement and leadership training	**3.2:** 100 EC TA Providers will participate in a TOT on building family engagement and leadership	**3.2:** The NC early childhood system will have increased capacity to support family engagement and leadership by adding a cadre of technical assistance providers with expertise in family engagement and leadership
		3.3: Increasing Local Capacity to Improve and Promote Family Engagement and Leadership	**3.3:** Number of state-level Smart Start TA professionals trained in family engagement and leadership framework	**3.3:** Number of state-level Smart Start TA professionals offering family engagement and leadership TA	**3.3:** Technical assistance to increase local Smart Start partnership capacity to improve family engagement and leadership will be integrated into the existing Smart Start technical assistance system
		4.1: Coaching Toward Mastery	**4.1:** Number and type of TA providers participating in efforts to develop Coaching Toward Mastery competencies and TA approach.	**4.1:** Number and type of TA providers integrating Practice-Based Coaching and the NAEYC teacher competencies into TA delivery.	**4.1:** NC will have integrated using Practice-Based Coaching and the NAEYC teacher competencies into NC's workforce development TA system

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		4.2: Transition to Kindergarten	**4.2:** A plan for training TA providers and other support personnel on effective ways to support local ways to support local transition to kindergarten efforts will be developed	**4.2:** Number and type of TA providers supporting local transition to kindergarten efforts	**4.2:** The NC early childhood system will have increased capacity to support local transition to kindergarten efforts
		4.3: Early Identification for Services	**4.3:** Cross-agency protocol for effective identification and referral will be developed	**4.3:** Number and type of early childhood practitioner receiving training on social-emotional measures and approaches to addressing early childhood mental health issues	**4.3:** The NC early childhood system will have increased capacity to support children's social emotional development by training 750 early childhood practitioners receive training on social-emotional measures **4.3:** Practitioners participating in social-emotional measures training will report a) increased knowledge of and b) confidence in addressing early childhood mental health issues
		6.4: Data Informed Local Strategic Planning	**6.4:** Number and type of local early childhood professionals attending trainings and meetings	**6.4:** 30 local communities will have received TA to establish data-informed, cross-sector early childhood improvement plans	**6.4:** The NC early childhood system will have increased capacity to support community use of data to inform improvements and plans for local ECE efforts
There is a need to improve coordination, collaboration, alignment, and efficiencies among NC's ECE service providers.	**B)** Improve coordination, collaboration, alignment, and efficiencies among ECE *service providers*	**3.1:** Universal Home Visiting Pilot	**3.1:** A plan for improving collaboration and coordination among NC home visiting programs will be developed	**3.1:** Number and type of home visiting staff participating in trainings and meetings that support effective coordination and collaboration strategies	**3.1:** There will be improved collaboration and coordination among NC home visitation programs

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		5.5: Universal Application and Enrollment Process	**5.5:** Regional stakeholder meetings will be held	**5.5:** Common application and enrollment process will be created in up to 50 participating counties **5.5:** Number and type of program directors and key stakeholders participating in universal enrollment and application process	**5.5:** Participating program directors and other common application key stakeholders will understand: (a) the eligibility and enrollment requirements for Head Start, Title 1, NC PreK, and subsidized child care; (b) how they can collaboratively work together to ensure their programs are adequately enrolled and meet the needs of families; and (c) how they can address any barriers to continued collaboration
		6.2: NCCARE360	**6.2:** Launch NCCARE360 in all 100 counties **6.2:** 20,000 referrals through NCCARE360 **6.2:** 80% of referrals closed	**6.2 and 3.1:** Number and type of home visiting staff and staff from other agencies that refer families to services who use NC 360 to refer families to needed services. **6.2 and 3.1:** Number and type of closed referral loops home visiting staff and staff from other agencies that refer families to services who use NC 360 to refer families to needed services.	**6.2:** There will be an increase in the number of agencies that use NCCARE360 to connect families to needed services. **6.2:** Agencies will report that use of NCCARE360 has increased their knowledge of (a) community services and (b) their ability to connect families with needed services.
There is a need to improve coordination, collaboration, alignment, and efficiencies among NC's ECE agencies.	**C)** Improve coordination, collaboration, alignment, and efficiencies among ECE *agencies*	**3.2:** Building Family Engagement and Leadership	**3.2:** Number of statewide Family Engagement and Leadership Coalition meetings	**3.2:** Number and type of stakeholders participating on statewide Family Engagement and Leadership Coalition	**3.2:** The statewide Family Engagement and Leadership Coalition will provide recommendations for improvements to cross-sector coordination, alignment, and efficiencies among NC early childhood education agencies.
		4.2 and 5:5: Transition to Kindergarten and Universal Enrollment and Application Process	**4:2 and 5.5:** Convene statewide advisory group	**4:2 and 5.5:** Number and type of stakeholders participating on statewide advisory group	**4.2 and 5.5:** A statewide advisory group will (a) provide recommendations and (b) implement recommendations where feasible on improvements to coordination, collaboration, alignment, and efficiencies among early childhood education agencies

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		4.3: Early Identification for Services	**4.3:** Convene cross-sector state leadership team to address early identification services **4.3:** Develop cross-agency protocol for effective identification and referral	**4.3:** Number and type of stakeholders participating on state leadership team	**4.3:** A state leadership team consisting of key early childhood agency partners (including Part C and Part B) will (a) provide recommendations and (b) where feasible implement enhancements to screening, referral, and communication protocols and increase workforce capacity across agencies
		5.1: Babies 1st NC	**5.1:** Convene Babies 1st NC statewide advisory group	**5.1:** Number and type of stakeholders participating on statewide advisory group	**5.1:** The Babies 1st NC statewide advisory group will (a) provide recommendations and (b) implement recommendations where feasible on improvements to coordination, collaboration, alignment, and efficiencies among early childhood education agencies
		5.4: Increase ECE Access For Families Experiencing Homelessness	**5.4:** Convene statewide advisory group to address ECE access for families experiencing homelessness	**5.4:** Number and type of stakeholders participating on statewide advisory group	**5.4:** The statewide advisory group will (a) provide recommendations and (b) implement recommendations where feasible on improvements to coordination, collaboration, alignment, and efficiencies among TBD outcome about this activity's statewide advisory group
Families want access to parent networks, community support groups and a networked system to notify them about available services and how to access these services.	**D)** Increase the number of families connected to services, particularly for families who are underserved (e.g., families with limited English skills)	**3.1:** Universal Home Visiting Pilot	**3.1:** 100% of families will have access to a home visitor **3.1:** Percentage of rural families served	**3.1:** 9,900 families will receive services; 60% of Medicaid births will be served	**3.1:** 90% of families receiving universal home visiting services will be connected to needed services, as measured by the % of families connected to a range of service types, such as 4 or 5-star child care, primary health care, basic services, etc.

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		3.2: Building Family Engagement and Leadership	**3.2:** TOT curriculum and online modules will be developed **3.2** TOT training will be piloted	**3.2** 100 EC TA Providers will participate in a Training of Trainers (TOT) on building family engagement and leadership **3.2:** 6 family summits **3.2:** 60 parent trainings **3.2:** 20 peer support networks will be established with 350 parents participating	**3.2:** 95% of participants attending trainings offered by the TOT trainers will report they have increased their knowledge of (a) services and (b) how to access services **3.2:** 95% of parents participating in peer networks will report they have increased their knowledge of (a) services for children and families and (b) how to access services **3.2:** 95% of parents participating in peer networks will report they feel an increased connection to their peers
		3.3: Increasing Local Capacity to Improve and Promote Family Engagement and Leadership	**3.3:** A process for selecting Participating Smart Start local partnerships will be completed	**3.3:** 40 local Smart Start Partnerships will engage in activities to promote family engagement and leadership	**3.3:** 95% of parents will report they have increased their knowledge of (a) services for children and families and (b) how to access services
		3.4: Expanding and Improving Family Outreach Materials and Activities	**3.4:** Implementation plan for the family events will be drafted	**3.4:** 12,000 families will attend 8 Rootle family events in major markets **3.4:** 9,000 families will attend 16 Rootle Roadster Tour events in rural markets **3.4:** 24,000 families will be reached by Bright by Text messages **3.4:** 6 TOT workshops will be provided in rural markets with 180 participants **3.4:** 450 PBS KIDS playtime pads will be distributed at family events	**3.4:** Parent exposure to information on existing services in their community will increase

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		5.3: Early Intervention Access, Transition, and Family Engagement	**5.3:** 1 SLP and 1 OT to provide teletherapy will be contracted **5.3:** Teletherapy pilot to include 5 additional counties will be expanded	**5.3:** Medicaid option for reimbursement for teletherapy will be established	**5.3:** 210 children will receive teletherapy services
		6.2: NCCARE360	**6.2:** NCCARE360 will be launched in all 100 counties **6.2:** 20,000 referrals will be made through NCCARE360 by end of 2020	**6.2:** 150 ECE providers will be added to NCCARE360 resource directory	**6.2:** 80% of referrals made through NCCARE360 will be closed **6.2:** 2,000 families will be served through NCCARE360 in the Family Connects pilot
There is a need to improve data systems to generate information that can improve NC's ability to track progress toward ECAP's 2025 targets and to address gaps in data to support quality, availability, access and collaboration for ECE programs and services.	**E)** Improve early childhood data systems to facilitate the state's ability to measure progress towards its goals and to assist policymakers in ECE program planning and coordination	**6.1:** Enhance and Expand NC ECIDS	**6.1:** Up to 10 standard reports to address common ECE data inquiries will be created **6.1:** Data sharing agreements will be established **6.1:** Head Start data will be integrated into ECIDS **6.1:** A contract for TA on integrating home visiting data will be established **6.1:** Home visiting data stakeholders will convene; a list of data indicators that can be collected across all home visiting models in NC will be refined **6.1:** Data from new programs into ECIDS will be integrated	**6.1:** Number and type of improvements to NC ECIDS	**6.1:** NC ECIDS platform will be improved to make data more easily accessible **6.1:** NC ECIDS data will be integrated into NC Educational Longitudinal Data System **6.1:** The unduplicated count of children reported in ECIDS will be inclusive of more programs
		6.2: NCCARE360	**6.2:** NCCARE360 will be launched in all 100 counties **6.2:** 20,000 referrals will be made through NCCARE360	**6.2:** Number and type of improvements to NCCARE360	**6.2:** 2,000 families will be served through NCCARE360 in the Family Connects pilot **6.2:** 150 ECE providers will be added to NCCARE360 resource directory

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		6.3 Data Platform to Support Transitions from Preschool to Kindergarten	**6.2:** 80% of referrals will be made through NCCARE360 closed **6.3:** NC Pre-K classrooms will be integrated into *GOLD* platform for data sharing with kindergarten programs **6.3:** Professional Development Summit will be hosted **6.3:** Online courses, TA, and regional trainings to teachers will be offered	**6.3:** 10,000 transition plans will be transferred between NC Pre-K teachers, K teachers, and families	**6.3:** Information on child's developmental status will be transferred to Teaching Strategies GOLD
	F) Increase the number of data-informed decisions made by policy makers	**1.0** North Carolina Statewide Birth-5 Needs Assessment	**1.0:** A plan for updating the Needs Assessment will be developed	**1.0:** Types of strategies for using Needs Assessment findings **1.0** Types of strategies for using evaluation findings to inform Needs Assessment approach	**1.0:** The Needs Assessment will be used to (a) inform the Strategic Plan, (b) the refinement of PDG B-5 activities, and (c) the NC Early Childhood Action Plan.
		2.0: Birth to Five Early Childhood Education Strategic Plan	**2.0:** A plan for updating the Strategic Plan will be developed	**2.0** Types of strategies for using the Strategic Plan **2.0** Types of strategies for using evaluation and Needs Assessment findings to inform the Strategic Plan	**2.0** The Strategic Plan will be used to guide the implementation and refinement of PDG B-5 activities.
		6.4: Data-Informed Local Strategic Planning	**6.4:** A contractor for developing data training and convening will be identified **6.4:** Trainings and meetings at the local level will be held	**6.4:** Number and type of communities implementing data-informed planning **6.4:** Number and type of changes to adopt data-informed planning	**6.4:** 30 local communities will (a) establish data-informed, cross-sector early childhood improvement plans and (b) show evidence of using data to improve services, policies, or practices
		6.5: NC EC Data Advisory Council	**6.5:** An approach for shared measures for data that isn't currently collected will be identified	**6.5:** Number and type of stakeholders participating in NC EC Data Advisory Council	**6.5:** There will be increased collaboration among key early childhood stakeholders and a reduction in data gaps

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
			6.5: A shared data strategy for the state will be created	**6.5:** Number and type of improvements recommended by NC EC Data Advisory Council	**6.5:** There will be (a) improvements to the quality and scope of early childhood data collection and (b) a reduction in data gaps **6.5:** There will be evidence of use of early childhood by policymakers and other decision-makers
There is a need to expand ECE service reach.	**G)** Increase capacity to take PDG activities to scale statewide	**3.1:** Universal Home Visiting Pilot	**3.1:** Potential scale-up strategies will be developed	**3.1:** Types of steps taken to develop the scale-up plan	**3.1:** A plan for scaling universal home visiting services will be developed
		4.2: Transition to Kindergarten	**4.2:** Potential scale-up strategies will be developed	**4.2:** Types of steps taken to develop the scale-up plan	**4.2:** A plan to scale up pilot activities to all 100 counties will be developed
		5.5: Universal Application and Enrollment Process	**5.5:** Potential scale-up strategies will be developed	**5.5:** Types of steps taken to develop the scale-up plan	**5.5:** A plan to scale up pilot activities to all 100 counties will be developed
		6.3: Data Platform to Support Transitions from Preschool to Kindergarten	**6.3:** Potential scale-up strategies will be developed	**6.3:** Types of steps taken to develop the scale-up plan	**6.3:** Scale-up plan to serve all 30,000+ NC Pre-K children will be created by 2022
There is a need to build the capacity to sustain and NC ECE system improvements.	**H)** Build capacity to sustain increased access to services and improvements to NC ECE system	**3.1:** Universal Home Visiting Pilot	**3.1:** Potential sustainability strategies will be developed	**3.1:** Types of steps taken to develop the sustainability plan	**3.1:** A sustainability plan will be developed
		3.2: Building Family Engagement and Leadership	**3.2:** Potential sustainability strategies will be developed	**3.2:** Types of steps taken to develop the sustainability plan	**3.2:** A sustainability plan will be developed

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		3.3: Increasing Local Capacity to Improve and Promote Family Engagement and Leadership	**3.3:** Potential sustainability strategies will be developed	**3.3:** Types of steps taken to develop the sustainability plan	**3.3:** A sustainability plan will be developed
		3.4: Expanding and Improving Family Outreach Materials and Activities	**3.4:** Potential sustainability strategies will be developed	**3.4:** Types of steps taken to develop the sustainability plan	**3.4:** A sustainability plan will be developed
		4.1: Coaching Toward Mastery	**4.1:** Potential sustainability strategies will be developed	**4.1:** Types of steps taken to develop the sustainability plan	**4.1:** A sustainability plan will be developed
		4.2: Transition to Kindergarten	**4.2:** Potential sustainability strategies will be developed	**4.2:** Types of steps taken to develop the sustainability plan	**4.2:** A sustainability plan will be developed
		4.3: Early Identification for Services	**4.3:** Potential sustainability strategies will be developed	**4.3:** Types of steps taken to develop the sustainability plan	**4.3:** A sustainability plan will be developed
		5.1: Babies 1st NC	**5.1:** Potential sustainability strategies will be developed	**5.1:** Types of steps taken to develop the sustainability plan	**5.1:** A sustainability plan will be developed
		5.3: Early Intervention Access, Transition, and Family Engagement	**5.3:** Potential sustainability strategies will be developed	**5.3:** Types of steps taken to develop the sustainability plan	**5.3:** A sustainability plan will be developed

NEEDS	OBJECTIVES	KEY ACTIVITIES	SHORT-TERM IMPLEMENTATION BENCHMARKS (1 year)	OUTPUTS (3 year – end of project)	LONG-TERM OUTCOMES (3 year – end of project)
		5.4: Increasing ECE Access For Families Experiencing Homelessness	**5.4:** Potential sustainability strategies will be developed	**5.4:** Types of steps taken to develop the sustainability plan	**5.4:** A sustainability plan will be developed
		5.5: Universal Application and Enrollment Process	**5.5:** Potential sustainability strategies will be developed	**5.5:** Types of steps taken to develop the sustainability plan	**5.5:** A sustainability plan will be developed
		6.1: Enhance and Expand NC ECIDS	**6.1:** Potential sustainability strategies will be developed	**6.1:** Types of steps taken to develop the sustainability plan	**6.1:** A sustainability plan will be developed
		6.2: NCCARE360	**6.2:** Potential sustainability strategies will be developed	**6.2:** Types of steps taken to develop the sustainability plan	**6.2:** A sustainability plan will be developed
		6.3: Data Platform to Support Transitions from Preschool to Kindergarten	**6.3:** Potential sustainability strategies will be developed	**6.3:** Types of steps taken to develop the sustainability plan	**6.3:** A sustainability plan will be developed
		6.4: Data-Informed Local Strategic Planning	**6.4:** Potential sustainability strategies will be developed	**6.4:** Types of steps taken to develop the sustainability plan	**6.4:** A sustainability plan will be developed
		6.5: NC EC Data Advisory Council	**6.5:** Potential sustainability strategies will be developed	**6.5:** Types of steps taken to develop the sustainability plan	**6.5:** A sustainability plan will be developed

Appendix B. Example PPE Design Table for PDG B-5 Activities

Activity: 5.1- *Babies First NC*

NC B-5 Early Childhood Strategic Plan Goals

Goal 1: High-quality early learning: Babies, toddlers, and young children across NC will be able to participate in high-quality early learning programs.
Objective A: Improve the quality of ECE programs.

Goal 2: On track for school success: Young children across NC will reach their developmental goals by the time they enter kindergarten.
Objective B: Improve early identification and referrals for young children with developmental and/or behavioral health risks.

Action Steps and Inputs (key staff, partners, budget, and other resources):

Evaluation Question 1. To what extent is the activity implemented as planned?
Sub questions: Were modifications to planned implementation needed and if so, why? To what extent did modifications contribute towards achieving or not achieving intended outcomes?

Indicators	Data Sources	Data Collection: Responsible and Collaborating Partners
Activity will be implemented according to the project design. Mid-course corrections will be documented, with supporting rationale for the changes.	TBD as activity further develops their fidelity monitoring approach Surveys and/or interviews with activity staff, coaches, and program directors participating in the activity as needed, depending on activity fidelity monitoring approach	Data collection instrument design - TBD Data collection – TBD

Evaluation Question 2. To what extent is the activity achieving anticipated short-term implementation benchmarks?
Sub questions: What factors facilitate success with achieving short-term implementation benchmarks? How can facilitators of success be replicated and sustained? What factors contribute to challenges with achieving short-term implementation benchmarks? How can challenges be addressed? What improvements are needed?

Indicators	Data Sources	Responsible and Collaborating Partners
Goal 1: • 32 teachers, support staff, and administrators will be provided I/T coaching and PD • 75% of teachers will report increased knowledge of practices to support I/T development • 75% of teachers will report increased confidence in their ability to support I/T development	Activity reports Activity participant list Coaching and PD logs Surveys Pre-post assessment tools Family engagement activity sign in sheets	Activity lead will submit data to DCDEE and DCDEE will share relevant information with external contractor

• Programs will conduct a pre-post assessment and use the results to inform further quality improvement • 75% of programs will have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework • 50% of programs will offer monthly family engagement activities • 40% of families will participate in family engagement activities **Goal 2:** • 45% of children in participating programs will receive developmental screening	Internal program record of developmental screening	

Evaluation Question 3. To what extent is the activity achieving anticipated long-term outcomes?
Sub questions: What factors facilitate success with achieving long-term outcomes? How can facilitators of success be replicated and sustained? What factors contribute to challenges with achieving long-term outcomes? How can challenges be addressed? What improvements are needed?

Goal 1: • 90% of teachers will report a) increased knowledge of practices, and b) increased confidence in their ability to support infant/toddler development • 90% of I/T classrooms will show improvements in quality on post assessments, as measured by CLASS or another observation tool • 65% of families in participating programs will participate in sponsored family engagement activities • 100% of programs have a family engagement plan that includes best practices identified by the Family Engagement and Leadership Framework	Survey CLASS or other observation tool Program family engagement sign-in lists or records	Survey development: External evaluator in collaboration with DCDEE and activity lead Observational tool: TBD Family engagement participation: Activity lead
Goal 2: • 85% of children will receive a developmental screening. Parents will be connected to local resources as needed or requested	Internal program record of developmental screening	Activity lead will submit data to DCDEE and DCDEE will share relevant information with external contractor

Activity: 5.5- *Universal application and enrollment process*
NC B-5 Early Childhood Strategic Plan Goals:
Goal 1: High-quality early learning: babies, toddlers, and young children across NC will be able to participate in high-quality early learning programs

Objective B: Increase access to and availability of high-quality ECE, particularly for children and families experiencing homelessness

Action Steps and Inputs (key staff, partners, budget, and other resources):

Evaluation Question 1. To what extent is the activity implemented as planned?
Sub questions: Were modifications to planned implementation needed and if so, why? To what extent did modifications contribute towards achieving or not achieving intended outcomes?

Indicators	Data Sources	Data Collection: Responsible and Collaborating Partners
Activity will be implemented according to the project design. Mid-course corrections will be documented, with supporting rationale for the changes.	Surveys and/or interviews with activity staff and activity participants Other sources TBD as activity is further developed	Data collection instrument design: External contractor in collaboration with DCDEE and activity lead Data collection: External contractor in collaboration with DCDEE and activity lead

Evaluation Question 2. To what extent is the activity achieving anticipated short-term implementation benchmarks?
Sub questions: What factors facilitate success with achieving short-term implementation benchmarks? How can facilitators of success be replicated and sustained? What factors contribute to challenges with achieving short-term implementation benchmarks? How can challenges be addressed? What improvements are needed?

Indicators	Data Sources	Responsible and Collaborating Partners
• Participating communities will have formed local teams and submitted a draft plan for creating a universal application and enrollment process	Activity reports Team membership roster and meeting notes	Activity lead will submit data to DCDEE and DCDEE will share relevant information with external contractor

Evaluation Question 3. To what extent is the activity achieving anticipated long-term outcomes?
Sub questions: What factors facilitate success with achieving long-term outcomes? How can facilitators of success be replicated and sustained? What factors contribute to challenges with achieving long-term outcomes? How can challenges be addressed? What improvements are needed?

Indicators	Data Sources	Responsible and Collaborating Partners
• Increase in the number of children collectively enrolled in the following early care and education programs: Head Start, Title 1, NC PreK, center or home-based childcare subsidies in participating counties • Families report they: a) are satisfied with the common application process, and b) were connected with a program that met their needs	Activity reports ECIDS Survey	Activity lead will submit data to DCDEE and DCDEE will share relevant information with external contractor ECIDS data extraction: External evaluator Survey development: External evaluator in collaboration with DCDEE and activity lead Data collection: TBD